DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		DNSTRUCTION D2	(X3) DATE SURVEY COMPLETED		
155327			B. WING	B. WING			R 08/01/2014	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY				1380	EET ADDRESS, CITY, STATE, ZIP CODE DE COUNTY LINE RD S IANAPOLIS, IN 46227	1 00/	01/2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS		{K 0	00}				
	Code Recertification conducted on 06/12/1 Indiana State Departs accordance with 42 C Survey Date: 08/01/1 Facility Number: 000 Provider Number: 15 AIM Number: 10026 Surveyor: Mark Cara Specialist At this PSR survey, L Living Community wa Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire: National Fire Protecti Life Safety Code (LSB Building 0102 was su Existing Health Care This one story facility separate buildings du of two sections of the constructed prior to 2 Type III (200) constructed from 100 Type III (200) constructed prior to 2 Type I	220 25327 7650 Ther, Life Safety Code University Heights Health and is found in compliance with ticipation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. rveyed using Chapter 19, Occupancies. was surveyed as two is to the construction dates building. Building 0102 003 was determined to be of ction and fully sprinklered. alarm system with smoke						
	the corridor. The faci smoke detectors in al the 100, 200, 300, 40 Hall. The facility has	lors and in all areas open to lity has battery operated I resident sleeping rooms in 0, 500, 600, 700 and 800 smoke detectors hard wired em in all resident sleeping						
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURI			TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ΓΙΡLΕ C NG 01 ,	ONSTRUCTION 02	(X3) DATE SURVEY COMPLETED		
155327		B. WING	B. WING			R 08/01/2014		
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY				138	REET ADDRESS, CITY, STATE, ZIP CODE 0 E COUNTY LINE RD S DIANAPOLIS, IN 46227	1 00/	01/2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	rooms in the 900 Hall of 176 and had a cen- visit.	e 1 The facility has a capacity sus of 164 at the time of this esidents have customary	{K C	000}				
	access were sprinkler	red. All areas providing sprinklered except for one						
{K 000}		bert Booher, Life Safety cal Surveyor on 08/07/14.	{K 0	000}				
	Code Recertification a							
	Survey Date: 08/01/1	4						
	Facility Number: 000 Provider Number: 15 AIM Number: 100267	5327						
	Surveyor: Mark Cara Specialist	her, Life Safety Code						
	Living Community wa Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC	2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. rveyed using Chapter 18,						

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NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) PREFIX TAGS TAGS	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG 01, 02		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGGED COMPLETING INFORMATION) [EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGGED COMPLETING INFORMATION) [EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGGED COMPLETION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) [EACH CORRECTIVE ACTION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY) [EACH CORRECTIVE ACTION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY) [EACH CORRECTIVE ACTION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY) [EACH CORRECTIVE ACTION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY) [EACH CORRECTIVE ACTION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY] [EACH CORRECTIVE ACTION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY] [EACH CORRECTIVE ACTION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY] [EACH CORRECTIVE ACTION SHOULD BE COMPLETION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY] [EACH CORRECTIVE ACTION SHOULD BE COMPLETION SHOULD BE COMPLETION OF THE APPROPRIATE DEFICIENCY] [EACH CORRECTIVE ACTION SHOULD BE COMPLETION SHOUL			155327	B WING					
UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMMUNITY TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (K 000) Continued From page 2 (K 000)					STREET ADDRESS, C	CITY, STATE, ZIP CODE	08/0	01/2014	
INDIANAPOLIS, IN 46227 INDIANAPOLIS, IN 46227 PROVIDERS PLAN OF CORRECTION (AS) CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFICE PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CACH COMPLETION DIATE DEFICIENCY [K 000] This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0202 constructed in 2012 was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms in the 100, 200, 300, 400, 500, 600, 700 and 800 Hall. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms in the 900 Hall. The facility has a capacity of 176 and had a census of 164 at the time of this visit. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached garage providing facility storage									
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (K 000) Continued From page 2 This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0202 constructed in 2012 was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms in the 100, 200, 300, 400, 500, 600, 700 and 800 Hall. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms in the 900 Hall. The facility has a capacity of 176 and had a census of 164 at the time of this visit. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached garage providing facility storage	UNIVERSI	TY HEIGHTS HEALTH A	ND LIVING COMMUNITY		INDIANAPOLIS, IN	N 46227			
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